

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524301

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	0		1			
5	0		1			
6	0		1			
7	0	0	1			
8	0	0	1			
9	0	0	1			
10	0	0	1			
11	0	0	1			
12	0	0	1			
13	0	0	1			
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TOTAL IND.	1		1			
TOTAL DEP.	14	←	12	←		←
TOTAL CLAIMS	15	██████████	13	██████████		██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓			↓	↓
TOTAL CLAIMS		██████████		██████████		██████████